

ers) less frequently answered that suicide risk is more alarming in older adults than youths. They also less frequently disagreed with questions asking if they had the training to deal with suicidal patients. Students more frequently answered correctly on the association between depression and suicide risk, and less frequently chose the correct answer on the seriousness of suicide intent in borderline personality disorder. Students also more frequently disagreed with questions asking on their suicide assessment skill.

**Conclusions** Our study highlights that differences exist when it comes to knowledge and skills related to suicide risk assessment both among health professionals and students. Our results also indicate that suicide awareness among these groups should be promoted.

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#### EW0573

### Psychiatric trainees: Swiss penknives for a cheap price?

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**Introduction** Global trends in the nature of working conditions pose significant threats to the training of medical professionals, as a result of cuts in educational grants and the salaries of professionals in training. Psychiatric trainees are not exempt from these changes.

**Objectives** To determine the current working conditions of psychiatric trainees and how they impact on their experience of training.

**Methods** A semi-structured survey was distributed to all members of the European forum of psychiatric trainees. Responses were collected online from 34 participating countries. The respondents were representatives of national trainee associations. Data collection was completed between May and July 2016.

**Results** Respondents reported that the most important issues affecting postgraduate training were firstly working conditions, then salary, psychotherapy training and supervision, respectively. The average official mandatory working hours for a trainee, including on call duty was reported to be on average 40.16 ( $\pm$  10.14 hours per week). In reality, the time that trainees report working is more than 20% higher than official working hours (on average 49.08  $\pm$  15 per week). There is an officially recognized minimum vacation period of 20 days in almost all countries, ranging up to a maximum of 40 days (mean: 26.93  $\pm$  4.97, per year). Salaries demonstrate an even greater variation, ranging from 100 Euros (as in the case of Moldova), up to over 5000 Euros (as in the case of Germany or Switzerland) per month.

**Conclusion** Psychiatric trainees often work longer than the officially recognized hours and their income varies considerably between countries, which have been identified as the two biggest challenges trainees face.

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#### EW0574

### Comparing learning outcomes for mental health simulation training delivered to entire clinical teams versus professionals not working together clinically

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**Introduction** Working effectively with colleagues using a multi-disciplinary and interprofessional approach is vital in healthcare, particularly mental health, where the interface between physical and mental health is often missed due to involvement with different specialties. Collaborative clinical practice is essential to provide the best clinical care to people experiencing mental and physical health co-morbidities. Simulation training encourages experiential learning for human factors (or non-technical) skills, such as teamwork and interprofessional collaboration. This study explored the differences in learning outcomes between team and non-team training for physical and mental health co-morbidities.

**Aims and objectives** This project aimed to establish differences in human factors learning, confidence and knowledge, following training for teams that work together versus interprofessional groups from various teams. The project hoped to continue improving mental health simulation training and promote and enhance human factor skills that are basic pillars of multi-disciplinary and interprofessional care.

**Methods** The human factors skills for healthcare instrument (HFSHI), alongside confidence and knowledge measures were administered to all participants pre and post simulation training on interacting mental and physical health. A post-course evaluation survey with open questions was used to collect qualitative feedback on the impact of the training course.

**Results** With data collection ongoing, preliminary results indicate differences between team and non-team simulation training, with particularly interesting qualitative findings.

**Conclusions** Learning outcomes may differ for team versus non-team simulation training, evidencing the different value of these two training set-ups.

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#### EW0575

### Who learns more in interprofessional mental health simulation training? A study comparing learning outcomes of different professionals who work in mental and physical health care settings

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**Introduction** Simulation training has the potential to develop communication and teamwork skills, as well as technical knowledge and competency. Mental health simulation training aims to promote awareness of mental health conditions and to enhance human factors (or non-technical) skills that will enable professionals that work in mental and physical healthcare settings to improve their collaborative and patient-centered clinical practice. This study explored the differences in learning outcomes after a mental health simulation course between different professionals—nursing staff, medical staff, and allied health professionals.